



***BELOW MARKET RATE (BMR) RENTAL HOUSING PROGRAM
APPLICATION FOR BMR WAIT LIST TO RENT A BMR UNIT***

The information provided on this form will be utilized to determine your eligibility to rent a Below Market Rate rental unit and to be placed on a Wait List. Please provide all of the information. Documentation will be requested to support the information provided when you are requested to submit an eligibility application to rent a BMR Unit (R-3). Failure to provide full information, or to provide false information, may result in denial of eligibility.

Wait List Application Date: _____

I. APPLICANT(S) CONTACT INFORMATION

Applicant Name(s): _____

Total Number of Household Members: _____

Total Household Annual Income: \$ _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Name of Employer: _____

Citizenship: Natural Born or Naturalized Citizen - ☐ OR Eligible Non-Citizen Admitted for Permanent Resident: ☐

Owner or Property Management Employee: YES - ☐

NO - ☐

Employee Position: _____

Applicant _____

Application Date: _____

II. PRIORITY PREFERENCE POINTS

Priority Points may be awarded based on the preference characteristic categories for determining the priority of an eligible renter on the Wait List for a BMR Unit. The total number of Preference Points will determine the applicant renter's ranking position in the Wait List. The BMR Unit will be filled by the apartment complex according to the ranking order.

Please check all of the following that apply and provide the number of years if applicable. **DO NOT CHECK A PREFERENCE IF NO VERIFIABLE DOCUMENTATION IS AVAILABLE.**

Check where applicable	Preference Characteristics	Number of Months	Points (For Office Use)
A. PREFERENCE DUE TO COMMUNITY CONTRIBUTION			
	Reside in Sunnyvale		
	Work in Sunnyvale		
B. PREFERENCE DUE TO EMPLOYMENT			
	City of Sunnyvale Employee		
	School District employee working in schools with a majority of Sunnyvale residents		
	Certified child care teacher working at a licensed child care center in Sunnyvale or at a child care center operated by school district that serve Sunnyvale residents		
		(Y/N)	
	Sunnyvale service occupation worker (an employee in a service occupation engaged in providing personal services, rather than tangible objects in businesses, such as mechanics, car washer, wait person)		
	Sunnyvale health care worker (e.g. home health care aides, staff in convalescent homes and assisted living facilities)		
	Other non-City public service employee (e.g. Santa Clara County, Federal & State)		
	C. PREFERENCE DUE TO HOUSING CHARACTERISTICS	(Y/N)	
	Resident of at-risk assisted unit (within five (5) years of Affordability expiration) (Contact Housing Division 408/730-7456 for verification)		
	Resident of BMR Rental Unit		
	Current or former resident of a housing or mobile home park lost due to redevelopment or conversion		
	D. PREFERENCE DUE TO HOUSEHOLD CHARACTERISTICS	(Y/N)	
	Single parent household		
	Number of children under 12 (One point per child, maximum three points)		
	Chronically Ill Persons including those with HIV and mental illness		
	Disabled		
	Displaced teenage parents (or expectant teenage parents)		
	Homeless or at-risk of becoming homeless		
	Seniors (over 55 years old)		

Applicant _____

Application Date: _____

III. CERTIFICATIONS OF APPLICANT(S)

I/We understand that:

- _____ A. Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority points for the City of Sunnyvale Below Market Rate Rental Program; otherwise this information is confidential.
- _____ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting a BMR Unit.
- _____ C. That if any of these false statements or misrepresentations on this application, I/We will be relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

- _____ D. That the information provided in this application to the BMR Rental Wait List is true and correct.
- _____ E. That the combined household income is below the maximum household income.
- _____ F. That I/We will occupy the BMR Rental unit as my/our primary residence.
- _____ G. That I/We meet that U.S. Citizenship or Legal Residency requirements.

Executed the _____, day of _____, 20____ in the City of Sunnyvale, California.

Applicant Signature

Date

Co-Applicant Signature

Date

Print Full Name

Print Full Name

Applicant _____

Application Date: _____

PRIORITY PREFERENCE DOCUMENTATION REFERENCE

Preference Category	Accepted Supporting Documentation	Preference Category	Accepted Supporting Documentation
Reside in Sunnyvale/Number of Years	<ul style="list-style-type: none"> Copies of current and past leases, residential telephone bills for land Signed tax returns Written statement from landlord or property manager indicating length of time at that address 	<ul style="list-style-type: none"> Resident of BMR Rental 	<ul style="list-style-type: none"> Proof of Residency
Work in Sunnyvale/number of years	<ul style="list-style-type: none"> Copies of paycheck(s) IRS or 1099s Employment Verification from HR 	Number of Years on "BMR Priority 1 Wait List" as of 12/31/03	City Records
City of Sunnyvale Employee/number of years	<ul style="list-style-type: none"> Copy of paycheck Employment/Tenure Verification from HR 	Single Parent Households	Signed Tax Returns
School District Employee in Sunnyvale	<ul style="list-style-type: none"> Copy of paycheck; W-2s Employment Verification from HR 	Number of Children under 12	<ul style="list-style-type: none"> Birth Certificates of children and/or Custody decree from divorce parents
<ul style="list-style-type: none"> Sunnyvale Certified child care teachers Sunnyvale Service Industry Sunnyvale Health care workers 	<ul style="list-style-type: none"> Copy of paycheck; W-2s Employment Verification from HR 	Chronically Ill Persons including those with HIV and mental illness	<ul style="list-style-type: none"> Letter from Physician in specialty of illness claimed or Evidence of SSI
<ul style="list-style-type: none"> Resident of at-risk assisted unit 	<ul style="list-style-type: none"> Proof of residency (Affected Properties listed on Appendix O-12) 	Disabled	<ul style="list-style-type: none"> Federal/State ID Card and/or Evidence of SSI